

835 Error Codes List

as of 04/28/2010

<u>Adj. Reason Code</u>	<u>Adj. Reason Code Description</u>	<u>Remark Code</u>	<u>Remark Code Description</u>	<u>Exception Code Description</u>
3	Co-payment Amount			COPAY CHARGED ON ADJUSTED CLM
3	Co-payment Amount			CRITICAL FIELD CHANGE-REVERIFY SPENDDOWN
3	Co-payment Amount			SPDWN: TOTAL RECIPIENT LIABILITY
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.	N157	Transportation to/from this destination is not covered.	INVALID DESTINATION MODIFIER
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.			INV PICKUP LOCATION MODIFIER
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.			MODIFIER NOT AUTHORIZED FOR CLAIM TYPE
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.			INVALID PROCEDURE CODE MODIFIER
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.			EMERG TRANS MUST HAVE VAL MOD
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.			PROCEDURE REQUIRES MODIFIER
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.			MISSING DESTINATION MODIFIER
5	The procedure code/bill type is inconsistent with the place of service.	M77	Missing/incomplete/invalid place of service.	PLACE OF SERVICE MUST BE OFFICE
5	The procedure code/bill type is inconsistent with the place of service.	MA30	Missing/incomplete/invalid type of bill.	INVALID INPATIENT TYPE OF BILL
5	The procedure code/bill type is inconsistent with the place of service.			POS/PROC CONFLICT
5	The procedure code/bill type is inconsistent with the place of service.			PAID OUTPATIENT TRIAGE FEE
5	The procedure code/bill type is inconsistent with the place of service.			ONLY COVERED THROUGH A FQHC
5	The procedure code/bill type is inconsistent with the place of service.			INVALID BILL TYPE
6	The procedure/revenue code is inconsistent with the patient's age.			INV RECIPIENT AGE/PROC (REF FILE)
6	The procedure/revenue code is inconsistent with the patient's age.			PROC NOT PAYABLE FOR AGE OR PROV TYPE
6	The procedure/revenue code is inconsistent with the patient's age.			SERVICE LIMITED BY AGE
6	The procedure/revenue code is inconsistent with the patient's age.			PROC AGE RELATED REPLACED W/ PROPER CODE
7	The procedure/revenue code is inconsistent with the patient's gender.			ONV RECIPIENT SEX/PROC (REF FILE)
7	The procedure/revenue code is inconsistent with the patient's gender.			NDC NOT PAYABLE FOR GENDER
7	The procedure/revenue code is inconsistent with the patient's gender.			PROCEDURE CODE IS GENDER SPECIFIC
8	The procedure code is inconsistent with the provider type/specialty (taxonomy).			PROC CD NOT PAYABLE TO PROV TYP
8	The procedure code is inconsistent with the provider type/specialty (taxonomy).			PROC / PROV TYPE CONFLICT
8	The procedure code is inconsistent with the provider type/specialty (taxonomy).			PROC CD NOT PAYABLE TO FQHC
9	The diagnosis is inconsistent with the patient's age.			RECIPIENT AGE/DIAG-CONFLICT
10	The diagnosis is inconsistent with the patient's gender.			INV RECIPIENT SEX/DIAG (REF FILE)
10	The diagnosis is inconsistent with the patient's gender.			SEX/DIAG CONFLICT
10	The diagnosis is inconsistent with the patient's gender.			AGE/DIAG CONFLICT
11	The diagnosis is inconsistent with the procedure.	N208	Missing/incomplete/invalid DRG code.	COMBINED DX CODES NE DRG
11	The diagnosis is inconsistent with the procedure.			DIAGNOSIS IS INCONSISTENT WITH PROC
11	The diagnosis is inconsistent with the procedure.			DX INDICATES NORM DEL NOT AN EMERGENCY
13	The date of death precedes the date of service.			PATIENT HAS EXPIRED
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.	M53	Missing/incomplete/invalid days or units of service.	INVALID PA UNITS OF SERVICE
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			MISSING PREADMISSION DOC. NO.
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			DRG ON CLM NOT DRG ON PA
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			NO CLEAN PREADMISSION FORM
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			CLAIM DOES NOT MATCH PRIOR AUTHORIZATION
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			PROV ON CLAIM NOT PROV ON PA
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			PROC ON CLAIM NOT PROC ON PA
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			DATES ON CLAIM NE DATES ON PA

15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			CLAIM TYPE CAN NOT HAVE PA NUMBER
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			INVALID PREADMISSION MATCH
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			TAD DATES NOT EQUAL TO DATES ON 10A
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			NO MATCH ON LTC LEVEL OF CARE
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			PA ON CLM NOT EQUAL PA IN SYSTEM
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			PA NOT MI-706
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			PROC ON CLAIM NE PROC ON MI706
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			HOSP INPT/OUPT SERV NOT APPROVED
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			CLAIM/PA SURG CDES DON'T MATCH
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			NO CLEAN PC-701 IN SYSTEM
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			UMAP CLIENT NO MI-706
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			MISSING MI-706# FOR LAB SERVICES W/CLIA#
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			LINE ADDED REQUIRES PA,DIFF CODE THAN PA
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	PHYS ADMIN DRUG CODES REQUIRE NDC
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	MISSING DRUG CODE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	INVALID DRUG CODE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	M/I COMPOUND PRODUCT ID
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	M/I COMPOUND DOSAGE FORM DESCRIPTN CODE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M22	Missing/incomplete/invalid number of miles traveled.	INVALID NUMBER OF MILES
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M50	Missing/incomplete/invalid revenue code(s).	MISSING REVENUE CODE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M50	Missing/incomplete/invalid revenue code(s).	INVALID REVENUE CODE-INPATIENT
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M50	Missing/incomplete/invalid revenue code(s).	INVALID REVENUE CODE FOR ESRD
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M50	Missing/incomplete/invalid revenue code(s).	INVALID REVENUE CODE FOR OUTPT
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M50	Missing/incomplete/invalid revenue code(s).	REVENUE CODE NOT ON FILE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M51	Missing/incomplete/invalid procedure code(s).	MISSING PROCEDURE CODE

16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M53	Missing/incomplete/invalid days or units of service.	MISSING UNITS OF SERVICE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M53	Missing/incomplete/invalid days or units of service.	UNITS REQUIRED FOR REVENUE CDE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M53	Missing/incomplete/invalid days or units of service.	M/I UNIT OF MEASURE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M54	Missing/incomplete/invalid total charges.	MISSING TOTAL CLAIM CHARGE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M54	Missing/incomplete/invalid total charges.	REIMB AMT > TOTAL CHARGE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M54	Missing/incomplete/invalid total charges.	INVALID NET CHARGE AMOUNT
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M54	Missing/incomplete/invalid total charges.	BILLED CHG MUST = RATE X UNITS
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M59	Missing/incomplete/invalid "to" date(s) of service.	END DOS GT EXP DT FOR GROUPER
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M62	Missing/incomplete/invalid treatment authorization code.	INV PA STERILE CONSENT DATE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M64	Missing/incomplete/invalid other diagnosis.	MISSING A RELATED DIAGNOSIS
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M67	Missing/incomplete/invalid other procedure code(s) and/or date(s).	MISSING ICD9 SURGICAL CODE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M67	Missing/incomplete/invalid other procedure code(s) and/or date(s).	MISSING ICD9CM SURGICAL CODE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M76	Missing/incomplete/invalid diagnosis or condition.	MISSING DIAGNOSIS INDICATOR
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M79	Missing/incomplete/invalid charge.	MISSING SUBMITTED CHARGE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M79	Missing/incomplete/invalid charge.	INVALID EXTRA CHARGE AMOUNT
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M79	Missing/incomplete/invalid charge.	INV ALLOWED CHRG AMT -PHARMACY
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA120	Missing/incomplete/invalid CLIA certification number.	MISSING OR INVALID CLIA CERTIFICATE #
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA120	Missing/incomplete/invalid CLIA certification number.	CLIA CERT# NOT MATCHED 1ST OR 2ND CYCLES
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA120	Missing/incomplete/invalid CLIA certification number.	CLIA CERTIFICATE# NOT MATCHED 3RD CYCLE.
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA120	Missing/incomplete/invalid CLIA certification number.	CLIA CERTIFICATE INVALID FOR PROC ON DOS
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA130	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.	CANNOT CALCULATE PAYMENT - BAD DATA

16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	MSSNG DOS OR SCREENING DATE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	MISSING INVALID DATE OF SERVICE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA32	Missing/incomplete/invalid number of covered days during the billing period.	MISSING COVERED DAYS
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA32	Missing/incomplete/invalid number of covered days during the billing period.	COV DAYS, UNITS OF SVC ERROR
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA33	Missing/incomplete/invalid noncovered days during the billing period.	TAD CONF WITH UB-82 OR X-OVER
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA36	Missing/incomplete/invalid patient name.	RECIPIENT NAME MISSING
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA36	Missing/incomplete/invalid patient name.	MISSING DATA ENTRY RECIP NAME
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA36	Missing/incomplete/invalid patient name.	MISSING DATA ENTRY RECIP NAME
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA39	Missing/incomplete/invalid gender.	MISSING SEX CODE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA39	Missing/incomplete/invalid gender.	ID WITH B SUFFIX-CHECK BIRTHDT
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA39	Missing/incomplete/invalid gender.	MISSING BIRTHDATE- ID/B SUFFIX
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA39	Missing/incomplete/invalid gender.	INVALID NEWBORN SEX CODE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA40	Missing/incomplete/invalid admission date.	MISSING ADMISSION DATE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA63	Missing/incomplete/invalid principal diagnosis.	MISSING PRIMARY DIAGNOSIS
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA63	Missing/incomplete/invalid principal diagnosis.	MISSING OR INVALID ICD-9 CODE (PHARMACY)
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA63	Missing/incomplete/invalid principal diagnosis.	MISSING PRIMARY DIAGNOSIS
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA81	Missing/incomplete/invalid provider/supplier signature.	NO ADMINISTRATOR SIGNATURE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N10	Payment based on findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	PROC REQUIRES MANUAL PRICING
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N152	Missing/incomplete/invalid replacement claim information.	MISSING CREDIT TCN
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N152	Missing/incomplete/invalid replacement claim information.	REPLACEMENT CLAIM (ORIG CLAIM NOT FOUND)
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N153	Missing/incomplete/invalid room and board rate.	REPLACEMENT/VOID RECEIVED FOR CLAIM

16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N208	Missing/incomplete/invalid DRG code.	MISSING DRG
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N241	Incomplete/invalid review organization approval.	MISSING P A REVIEWER SIGNATURE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N253	Missing/incomplete/invalid attending provider primary identifier.	INVALID ADMITTING LICENSE NO
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N261	Missing/incomplete/invalid operating provider name.	MISSING SURGEON NAME OR LIC NO
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N29	Missing documentation/orders/notes/summary/report/chart.	MODIFIER REQUIRES MANUAL REVIEW
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N29	Missing documentation/orders/notes/summary/report/chart.	PROC REQUIRES MANUAL REVIEW
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N29	Missing documentation/orders/notes/summary/report/chart.	INSUF DATA TO MAKE DETERMIN.
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N29	Missing documentation/orders/notes/summary/report/chart.	EMERGENCY CLIENT ONLY
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N291	Missing/incomplete/invalid rendering provider secondary identifier.	MISSING SERVICING LICENSE NUMBER
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N297	Missing/incomplete/invalid supervising provider primary identifier.	INVALID SUPRV PROV CHK DIGIT
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N305	Missing/incomplete/invalid accident date.	INV ACCIDENT IND - MED CLAIM
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N31	Missing/incomplete/invalid prescribing provider identifier.	POS PRESCRIBER FIELD HAS DR NAME (ALPHA)
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N31	Missing/incomplete/invalid prescribing provider identifier.	SERVICING LICENSE NOT ON FILE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N31	Missing/incomplete/invalid prescribing provider identifier.	MISSING OR INVALID PRESCRIBER LICENSE #
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N31	Missing/incomplete/invalid prescribing provider identifier.	INV REFER LIC NO.-CHEC RELATED
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N31	Missing/incomplete/invalid prescribing provider identifier.	MSSNG REFER PROV NAME OR LIC#
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N318	Missing/incomplete/invalid discharge or end of care date.	INVALID DISCHARGE DATE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N330	Missing/incomplete/invalid patient death date.	INVALID DATE OF DEATH
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N341	Missing/incomplete/invalid surgery date.	MISSING DATE OF SURGERY
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N349	The administration method and drug must be reported to adjudicate this service.	M/I COMPOUND ROUTE OF ADMINISTRATION
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N349	The administration method and drug must be reported to adjudicate this service.	M/I COMPOUND DISPENSING UNIT FORM INDCTR

16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N351	Service date outside of the approved treatment plan service dates.	SURG DATE NOT WITHIN DOS
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N358	Alert: This decision may be reviewed if additional documentation as described in the contract or plan benefit documents is submitted.	MODIFIER REQUIRES MANUAL REVIEW
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N358	Alert: This decision may be reviewed if additional documentation as described in the contract or plan benefit documents is submitted.	EMERGENCY ONLY CLIENT
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N362	The number of days or Units of Service exceeds our acceptable maximum.	INV PA ESTIMATED DAYS OF STAY
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N37	Missing/incomplete/invalid tooth number/letter.	MISSING TOOTH NUMBER
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N37	Missing/incomplete/invalid tooth number/letter.	BILATERALLY MISSING TEETH CLM LACKS INFO
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N378	Missing/incomplete/invalid prescription quantity.	MISSING DRUG QUANTITY
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N378	Missing/incomplete/invalid prescription quantity.	M/I QUANTITY INTENDED TO BE DISPENSED
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N378	Missing/incomplete/invalid prescription quantity.	M/I DAYS SUPPLY INTENDED TO BE DISPENSED
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N378	Missing/incomplete/invalid prescription quantity.	M/I COMPOUND INGREDIENT QUANTITY
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N388	Missing/incomplete/invalid prescription number.	MISSING PRESCRIPTION NUMBER
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N43	Bed hold or leave days exceeded.	INV THERAP LEAVE DAYS-PREADMIT
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N50	Missing/incomplete/invalid discharge information.	DISCH DTE CONFLICTS WITH DEST
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N50	Missing/incomplete/invalid discharge information.	INVLD/MSSNG DSCHRG DESTINATION
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N50	Missing/incomplete/invalid discharge information.	RECIPIENT HAS BEEN DISCHARGED
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N50	Missing/incomplete/invalid discharge information.	RECIPIENT DISCHARGED WHILE ON MCARE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N50	Missing/incomplete/invalid discharge information.	RECIPIENT TRANSFERED TO A HOSP
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N50	Missing/incomplete/invalid discharge information.	RECIPIENT TRANSFERED ELSEWHERE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N50	Missing/incomplete/invalid discharge information.	NO DISCH DATE-SERV ENDS MID MONTH
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N50	Missing/incomplete/invalid discharge information.	DISCHARGE BEFORE FIRST SVC DT
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N530	Our records indicate a mismatch in enrollment information for this patient.	ELIG FILE MISSING NAME OR RACE

16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N57	Missing/incomplete/invalid prescribing/dispensed date.	INVALID DISPENSING DATE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N58	Missing/incomplete/invalid patient liability amount.	RESERVED AMT GTR THAN SPDN
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N58	Missing/incomplete/invalid patient liability amount.	SUSPENDED CROSSOVER
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N63	Rebill services on separate claim lines.	DOS OVERLAP MONTH
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N75	Missing/incomplete/invalid tooth surface information.	MISSING TOOTH SURFACE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N95	This provider type/provider specialty may not bill this service.	CASE MNGMNT FEE - INV COS
18	Duplicate claim/service.	N347	Your claim for a referred or purchased service cannot be paid because payment has already been made for this same service to another provider by a payment contractor representing the payer.	EXACT DUP OR MANUAL PRICE
18	Duplicate claim/service.	N449	Payment based on a comparable drug/service/supply.	DRUG/CHEMICAL DUPLICATION NOT ALLOWED
18	Duplicate claim/service.	N522	Duplicate of a claim processed, or to be processed, as a crossover claim.	MEDICAID/MEDICARE EXACT DUP
18	Duplicate claim/service.			POSSIBLE DUP DENTAL EXTRACT
18	Duplicate claim/service.			EXACT DUP OF PAID CLAIM
18	Duplicate claim/service.			ICF EXACT DUPLICATE
18	Duplicate claim/service.			ICF POSSIBLE CLAIM CONFLICT
18	Duplicate claim/service.			SURGICAL SESSION - TWO CLAIMS
18	Duplicate claim/service.			LTC EXACT DUP CLAIM THIS CYCLE
18	Duplicate claim/service.			EXACT DUP WITH PAID CLAIM
18	Duplicate claim/service.			SAME/OVRLP DOS THIS CYCLE INPT
18	Duplicate claim/service.			EXACT DUP CLAIM THIS CYCLE
18	Duplicate claim/service.			DUPLICATE PYMT - CS MNGMNT FEE
18	Duplicate claim/service.			DUPLICATE PAID/CAPTURED CLAIM
18	Duplicate claim/service.			CLAIM NOT PAID/CAPTURED
18	Duplicate claim/service.			CCE EXACT DUPE CLAIM THIS CYCLE
18	Duplicate claim/service.			DUPLICATE PROCEDURE EXCEEDS UNIT LIMIT
18	Duplicate claim/service.			DUP/CONFLICTING SURFACE
22	This care may be covered by another payer per coordination of benefits.	MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.	RECIP HAS MEDICAL INSURANCE
22	This care may be covered by another payer per coordination of benefits.	MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.	MEDICARE ELIG-NO ATTCHMT
22	This care may be covered by another payer per coordination of benefits.	MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.	MEDICARE WITHIN DATE(S) OF SVC
22	This care may be covered by another payer per coordination of benefits.	MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.	RR TRAVELERS MEDICARE WITHIN DOS
22	This care may be covered by another payer per coordination of benefits.	MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.	MEDICARE COVERED DOS OVERLAP
22	This care may be covered by another payer per coordination of benefits.	MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.	RR TRAVELERS MEDICARE & DOS OVERLAP
22	This care may be covered by another payer per coordination of benefits.	MA64	Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers.	MEDICARE DOS OVERLAP TPL
22	This care may be covered by another payer per coordination of benefits.	MA64	Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers.	RR MDCRE/TPL OVERLAP
22	This care may be covered by another payer per coordination of benefits.	MA92	Missing plan information for other insurance.	RECIP HAS MEDICAL INSURANCE
22	This care may be covered by another payer per coordination of benefits.	MA92	Missing plan information for other insurance.	RECIP HAS MEDICAL INSURANCE

22	This care may be covered by another payer per coordination of benefits.			MENTL HLTH XOVR CLM NON-QMB CLIENT
22	This care may be covered by another payer per coordination of benefits.			QMB - SEND BILL TO MEDICARE
22	This care may be covered by another payer per coordination of benefits.			CROSSOVER SERVICE ONLY
22	This care may be covered by another payer per coordination of benefits.			RECIP HAS TPL-CLM W/ATTACHMENT
22	This care may be covered by another payer per coordination of benefits.			AMOUNT BILLED LESS THAN MINIM
22	This care may be covered by another payer per coordination of benefits.			DENTAL-CLAIM HAS ATTACHMENT
22	This care may be covered by another payer per coordination of benefits.			DENTAL BILL AMT LESS THAN MIN
22	This care may be covered by another payer per coordination of benefits.			CLAIM HAS ATTACHMENT
22	This care may be covered by another payer per coordination of benefits.			TPL BILLED LESS THAN MINIMUM
22	This care may be covered by another payer per coordination of benefits.			TPL NOT REPORTED ON CROSSOVER CLAIM
22	This care may be covered by another payer per coordination of benefits.			TPL AMOUNT NOT NUMERIC
23	The impact of prior payer(s) adjudication including payments and/or adjustments.			SERV PD BY MEDICARE AT 100%
23	The impact of prior payer(s) adjudication including payments and/or adjustments.			THIRD PTY PD OUTSTANDING ALLOWED
23	The impact of prior payer(s) adjudication including payments and/or adjustments.			CLAIMS AUX FILE - TPL DATA INCOMPLETE
24	Charges are covered under a capitation agreement/managed care plan.	N201	A mental health facility is responsible for payment of outside providers who furnish these services/supplies to residents.	CAPITATED MENTAL HEALTH
24	Charges are covered under a capitation agreement/managed care plan.	N201	A mental health facility is responsible for payment of outside providers who furnish these services/supplies to residents.	EMERG. MENTAL HEALTH SERVICE
24	Charges are covered under a capitation agreement/managed care plan.	N52	Patient not enrolled in the billing provider's managed care plan on the date of service.	IHC ACCESS CLIENT RECVD SVCS OUT OF PLAN
24	Charges are covered under a capitation agreement/managed care plan.			RECIPIENT ENROLLED IN AN HMO
24	Charges are covered under a capitation agreement/managed care plan.			CLIENT ENROLLED WITH WEBER MACS
24	Charges are covered under a capitation agreement/managed care plan.			CHIROPRATIC CAPITATION
24	Charges are covered under a capitation agreement/managed care plan.			FLEXCARE CLIENT RECD FEE FOR SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			UNI HOME CLIENT RECD FEE FOR SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			IHC ACCESS RECD FEE FOR SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			MOLINA INDEPENDENCE CARE RECEIVED FFS
24	Charges are covered under a capitation agreement/managed care plan.			MOLINA INDEPENDENCE CARE RECEIVED FFS
24	Charges are covered under a capitation agreement/managed care plan.			MOLINA PLUS CLIENT RECD FEE FOR SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			HEALTHY U CLIENT RECD FEE FOR SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			CLIENT IN HMO FOR DATE OF SERV.
24	Charges are covered under a capitation agreement/managed care plan.			IHC ACCESS RECD FEE FOR SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			HMO CLIENT-CK FR DEC/JAN MED CARD
24	Charges are covered under a capitation agreement/managed care plan.			MEDUTAH CLIENT RECD FEE SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			CLIENT ENROLLED IN HMO
24	Charges are covered under a capitation agreement/managed care plan.			CLIENT ENROLLED IN MOLINA
24	Charges are covered under a capitation agreement/managed care plan.			AFC PLUS CLIENT RECD FEE FOR SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			RECIPIENT ENROLLED IN WEBER MACS
27	Expenses incurred after coverage terminated.			RECIP NOT ELIG ON SERV DATE
27	Expenses incurred after coverage terminated.			RECIPIENT INELIGIBLE FOR MEDICAID
27	Expenses incurred after coverage terminated.			RECIP NOT ELIG ON SERV DATE
27	Expenses incurred after coverage terminated.			NOT MEDICAID ELIGIBLE
27	Expenses incurred after coverage terminated.			RECIP NOT ELIG-SPNDWN NOT PAID
27	Expenses incurred after coverage terminated.			INELIG DATES & SPENDDOWN DTS OVERLAP
27	Expenses incurred after coverage terminated.			RECIP NT ELIG-ATMNT MAY BE CVD
29	The time limit for filing has expired.			FILING DEADLINE EXCEEDED
29	The time limit for filing has expired.			FILING DEADLINE EXCEEDED FOR AGING SVC
29	The time limit for filing has expired.			DTE OF SERVICE EXCEEDS 3 YEARS
31	Patient cannot be identified as our insured.	N382	Missing/incomplete/invalid patient identifier.	MISSING RECIPIENT ID NUMBER
31	Patient cannot be identified as our insured.	N382	Missing/incomplete/invalid patient identifier.	RECIPIENT ID NUMBER INVALID
31	Patient cannot be identified as our insured.	N382	Missing/incomplete/invalid patient identifier.	RECIP ID NOT ON THE FILE
31	Patient cannot be identified as our insured.			NAME/ID ON TAD NE NAME/ID ON 10A
31	Patient cannot be identified as our insured.			BABY INELIG ON INDIGENT PRGM
31	Patient cannot be identified as our insured.			ID NOT ON FILE (695)
31	Patient cannot be identified as our insured.			UMAP CLIENT ID NOT ON FILE
35	Lifetime benefit maximum has been reached.	N117	This service is paid only once in a patient's lifetime.	DENTL LMT-1 INITIAL EXAM PR LIFE
35	Lifetime benefit maximum has been reached.	N117	This service is paid only once in a patient's lifetime.	EXCEEDS 1 INITIAL ASSESSMENT FOR TCM
35	Lifetime benefit maximum has been reached.			IN HOSP FIRST DATE OF SERV
35	Lifetime benefit maximum has been reached.			IN HOSP LAST DATE OF SERV
35	Lifetime benefit maximum has been reached.			NON-COVERED FOR MED NEEDY ADULT
38	Services not provided or authorized by designated (network/primary care) providers.	N286	Missing/incomplete/invalid referring provider primary identifier.	MISSING OR INVALID PCP NAME AND UPIN
38	Services not provided or authorized by designated (network/primary care) providers.			LOCK-IN INCORRECT OVERRIDE AUTHORIZATION

38	Services not provided or authorized by designated (network/primary care) providers.			PCP CLIENT WITH INTERIM ELIG (695)
38	Services not provided or authorized by designated (network/primary care) providers.			SERVICE UNAUTHORIZED BY MCARE
38	Services not provided or authorized by designated (network/primary care) providers.			SERVICE UNAUTHORIZED BY MCARE
39	Services denied at the time authorization/pre-certification was requested.	N30	Patient ineligible for this service.	RECIPIENT REMAINS PRIVATE PAY
39	Services denied at the time authorization/pre-certification was requested.	N30	Patient ineligible for this service.	RECIPIENT STATUS GOES TO PRIVATE PAY
39	Services denied at the time authorization/pre-certification was requested.			NOT AUTHORIZED BY THE PLUS CODE
39	Services denied at the time authorization/pre-certification was requested.			DIAG ON PA NOT 290-319.99
40	Charges do not meet qualifications for emergent/urgent care.	N20	Service not payable with other service rendered on the same date.	EMERG EXAM/OTHER SERV SAME DOS
40	Charges do not meet qualifications for emergent/urgent care.			ER VISIT FOR PCN CLIENT NOT EMERGENCY
40	Charges do not meet qualifications for emergent/urgent care.			SVCS DON'T QUALIFY FOR EMERGENCY CARE
45	Charges exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).			SUBMITTED CHARGE ON 340B CLAIM TOO HIGH
50	These are non-covered services because this is not deemed a "medical necessity" by the payer.			RECIPIENT DENIED NO MEDICAL NEED
54	Multiple physicians/assistants are not covered in this case.			ASSISTANT SURGEON NOT COVERED
58	Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.			RECIP DENIED INAPP PLCMNT
59	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia).			TWO ANESTHESIA SERVICES
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.	M97	Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility.	COVERED BY DRG PAYMENT TO HOSP
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.	M97	Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility.	SRVC NOT COVERED WHILE IN HOSP
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.	M97	Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility.	SRVC NOT COVERED WHILE IN HOSP
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.	N357	Time frame requirements between this service/procedure/supply and a related service/procedure/supply have not been met.	INPT/OUTPT CONFLCT
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.	N357	Time frame requirements between this service/procedure/supply and a related service/procedure/supply have not been met.	PAID OUTPT CLAIM CONFLICT
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.			OUTPT/DRG CONFLICT
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.			OUTPT/DRG CONFLICT
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.			EMERGENCY ROOM NOT PAYABLE
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.			EMERG ROOM OTH/SVCS NOT PAYBLE
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	DRUG DISCONTD- NO ALTERNATE
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	DRUG DISCONTD-BILL REPLACEMENT
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	COMPOUND NOT COVERED FOR PROGRAM TYPE
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M2	Not paid separately when the patient is an inpatient.	INPT OT IS PART OF HOSP PYMT
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M50	Missing/incomplete/invalid revenue code(s).	NON-COVERED MCAID REVENUE CODE
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M51	Missing/incomplete/invalid procedure code(s).	ALL SURG CODES BILLED-INVALID
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M54	Missing/incomplete/invalid total charges.	INVALID TOTAL NON/COV CHARGE
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M79	Missing/incomplete/invalid charge.	XOVR CLM - CHIROPRACTOR NOT CVRD

96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N129	Not eligible due to the patient's age.	CHEC RECIPIENT AGE IS GREATER THAN 20
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N129	Not eligible due to the patient's age.	INVAL RECIP AGE/DRUG(REF FILE)
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	INPT PSYC,REHAB/SURG CNFLCT
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	X-OVER NOT COVERED FOR PCN
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	PRINCIPAL SURG PROC NOT CVRD
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	OTHER SURG PROC NOT COVERED
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	OTHER PROC NOT COVERED (81)
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	PROVIDER NOT COVERED IN PLAN
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	INPT AND OUTPT OBSERVATION NOT COVERED
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	TOOTH NOT COVERED FOR ROOT CANAL
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N216	We do not offer coverage for this type of service or the patient is not enrolled in this portion of our benefit package.	NONCOVERED MEDICAID BENFIT
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N30	Patient ineligible for this service.	CLAIM/REF FILE AID TYPE CONF
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N30	Patient ineligible for this service.	EMERGENCY ONLY CLIENT NON COVERED SVC
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N30	Patient ineligible for this service.	NURSING HOME CLAIM PCN ELIGIBLE
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N30	Patient ineligible for this service.	INVALID PREGNANCY INDICATOR FOR DRUG
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N30	Patient ineligible for this service.	NDC'S IN COMPOUND NON-COVERED
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	M14	No separate payment for an injection administered during an office visit, and no payment for a full office visit if the patient only received an injection.	INJECTION/OFFICE CALL CONFLICT
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	M14	No separate payment for an injection administered during an office visit, and no payment for a full office visit if the patient only received an injection.	THERAPEUTIC INJECTION/OFFICE CALL CONFLICT
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N19	Procedure code incidental to primary procedure.	PAYMENT INCLUDED IN PRIMARY PROCEDURE
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N19	Procedure code incidental to primary procedure.	CURRENT PROC INCIDNTL OTHER CURRENT PROC
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N19	Procedure code incidental to primary procedure.	HIST PROC INCIDNTL OTHER CURRENT PROC
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N20	Service not payable with other service rendered on the same date.	UN-BUNDLED SERVICE VS BUNDLED SERVICE
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N20	Service not payable with other service rendered on the same date.	UN-BUNDLED SERVICE VS BUNDLED SERVICE
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N20	Service not payable with other service rendered on the same date.	UN-BUNDLED SERVICE VS BUNDLED SERVICE

97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N20	Service not payable with other service rendered on the same date.	E&M SERVICE NOT REIMBURSED SEPARATELY
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N390	This service/report cannot be billed separately.	INJECTION PART OF ASPIRATION
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			ASPIRATION/INJCTN CONFLICT
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			SERVICE IS COVERED IN DHS DAILY RATE
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			BUNDLED PROCEDURE/HISTORY OF PAID CLAIM
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			EMER EXAM/OTHER SERV SAME DOS
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			PD OUTPT CLAIM CONFLICT
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			COG SERV IS IN PACKAGE PROC
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			GLOBAL ALREADY PAID
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			GLOBAL CARE PAID
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			SRVC INCLUDED IN GLOBAL
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			PROC COMBINATION NOT EXPECTED SAME DAY
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			PROC COMBO NOT EXPTD SAME DAY,PD CLM HIS
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			PAYMENT INC W/ DENTAL PACKAGE PROCEDURE
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			PAYMENT INC W/DENTL PKG PROC,PD CLM HIST
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			DENTL EXAM INC W PAYMENT OF ANOTHER CODE
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			DENTL EXAM IN W PAYMENT OF PD CLM HIST
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			DENTL PROC COMBO NOT EXPECTED SAME DAY
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			D PROC COMBO NOT EXP SAME DAY,PD CLM HIS
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			CURRNT PROC MUTUAL EXCLUSV TO HISTR PROC
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			HIST PROC MUTUAL EXLUSV TO CURRENT PROC
107	The related or qualifying claim/service was not identified on this claim.	N390	This service/report cannot be billed separately.	PROLONGED SERVICES
107	The related or qualifying claim/service was not identified on this claim.	N390	This service/report cannot be billed separately.	MUST HAVE ANESTHESIA SERV
107	The related or qualifying claim/service was not identified on this claim.	N390	This service/report cannot be billed separately.	CHEC PROCEDURE CODE NOT FOUND
107	The related or qualifying claim/service was not identified on this claim.			REQUIRES CPT FOR REV CODE
107	The related or qualifying claim/service was not identified on this claim.			ESRD REQUIRES CPT-4 CODE
107	The related or qualifying claim/service was not identified on this claim.			OUTPATIENT REQUIRES CPT-4 CODE
107	The related or qualifying claim/service was not identified on this claim.			MUST BILL IMMUNIZATION CODE - VFC
107	The related or qualifying claim/service was not identified on this claim.			MUST BILL WITH D9220
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	MA101	A Skilled Nursing Facility (SNF) is responsible for payment of outside providers who furnish these services/supplies to residents.	SERVICES COVERED IN ICF/MR PER DIEM
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	MA101	A Skilled Nursing Facility (SNF) is responsible for payment of outside providers who furnish these services/supplies to residents.	NH PAID A PORTION OF CLAIM AMOUNT
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	N192	Patient is a Medicaid/Qualified Medicare Beneficiary.	MEDICARE ELIGIBLE CLIENT, BILL PT D PLAN
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.			HCBS MUST BE ON TAPE
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.			NOT EXEMPTED SUB ADOPT BILL PMHP OR DHS
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.			MENTAL HEALTH SERVICES
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.			ADULT CRIMINAL COURT JURISDICTION

109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.			JUVENILE CRIMINAL COURT JURIS.
110	Billing date predates service date.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	SVC DATE AFTER CLAIM RECEIVED
110	Billing date predates service date.			INVALID BILLING DATE
110	Billing date predates service date.			INVALID BILLING DATE
110	Billing date predates service date.			LAST DATE OF SERV > BILLING DT
115	Procedure postponed, canceled, or delayed.			RECIPIENT DID NOT ENTER NH FAC.
119	Benefit maximum for this time period or occurrence has been reached.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	LONG ACTING NARCOTIC DRUG INTERACTION
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	HOME HLTH INITIAL VISIT > 1 PER ADMIN
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	HOME HEALTH SUPPLIES EXCEEDS ALLOWABLE
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	SERVICE EXCEEDS 6 PER 12 MONTH LIMIT
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	SERVICE EXCEEDS ONE PER MONTH
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	LITHOTRIPSY 2 PR 90 DAY LIMIT
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	LITHOTRIPSY 2 PER 90 DAYS/UB82
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	HOSPICE - 1 PER DAY LIMIT
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	HOSPICE - 1 PER DAY LIMIT
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	EXCEEDS 3 PR 3 CALENDR MNTH LMT
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	HOSPICE - 1 PER DAY LIMIT
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	SCHOOL SRVCS - 1 PER DAY
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	EXCEEDS HCBS 1 PR DY LMT
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	EXCEEDS 1 CASE MGMT PER DAY
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	EXCEEDS X-RAY LIMITS
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	1 PER DAY LIMIT
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	D7110 1 PR DAY LMT EXCD
119	Benefit maximum for this time period or occurrence has been reached.	M90	Not covered more than once in a 12 month period.	PREVENTIVE HEALTH EXAM - ONE PER YEAR
119	Benefit maximum for this time period or occurrence has been reached.	M90	Not covered more than once in a 12 month period.	VISION LIMIT EXCEEDED
119	Benefit maximum for this time period or occurrence has been reached.	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	PROC CD HAS UNIT LMT
119	Benefit maximum for this time period or occurrence has been reached.	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	PCN CLIENT PRESCRIPTION LIMIT EXCEEDED
119	Benefit maximum for this time period or occurrence has been reached.	N20	Service not payable with other service rendered on the same date.	EXCEEDS XRAY LIMITS
119	Benefit maximum for this time period or occurrence has been reached.	N362	The number of days or Units of Service exceeds our acceptable maximum.	UNIT LIMIT EXCEEDED
119	Benefit maximum for this time period or occurrence has been reached.	N362	The number of days or Units of Service exceeds our acceptable maximum.	OBSERVATION SERVICES-1 PER 48 HR PERIOD
119	Benefit maximum for this time period or occurrence has been reached.	N362	The number of days or Units of Service exceeds our acceptable maximum.	EXCEEDS RESIDENCE LIMIT
119	Benefit maximum for this time period or occurrence has been reached.	N362	The number of days or Units of Service exceeds our acceptable maximum.	PROC CODE LIMITED TO 12 UNITS PER CAL YR
119	Benefit maximum for this time period or occurrence has been reached.	N435	Exceeds number/frequency approved/allowed within time period without support documentation.	EXCEEDS 10 PER 12 MO. REQ. MANUAL REVIEW
119	Benefit maximum for this time period or occurrence has been reached.			RESPIRE CARE LIMIT
119	Benefit maximum for this time period or occurrence has been reached.			EXCEEDS 8 PER 24 MOS
119	Benefit maximum for this time period or occurrence has been reached.			EXCEEDS DENTAL LIMIT-XRAY
119	Benefit maximum for this time period or occurrence has been reached.			DENTAL LIMIT-2 EXAM PER YEAR
119	Benefit maximum for this time period or occurrence has been reached.			EXCEEDS PROPHY LIMIT
119	Benefit maximum for this time period or occurrence has been reached.			EXCEEDS SEALANT LIMIT
119	Benefit maximum for this time period or occurrence has been reached.			EXCEEDS CROWN PREP LIMIT
119	Benefit maximum for this time period or occurrence has been reached.			EXCEEDS CROWN LIMIT
119	Benefit maximum for this time period or occurrence has been reached.			PERINATAL CRE CO-ORD EXCDS 1 PR 30 DYS

119	Benefit maximum for this time period or occurrence has been reached.			RSK ASSMT EXCDS 2 PR 10 MOS
119	Benefit maximum for this time period or occurrence has been reached.			GROUP PRE/POSTNATAL ED EXCDS 8 PR 12 MOS
119	Benefit maximum for this time period or occurrence has been reached.			DIET COUNSL EXCEEDS 14 PER 12 MOS
119	Benefit maximum for this time period or occurrence has been reached.			PSYCHOSOCIAL COUSL EXCEEDS 10 PER 12 MOS
119	Benefit maximum for this time period or occurrence has been reached.			PRE/POSTNATAL HOME VSTS EXCDS 6 PR 12 MS
119	Benefit maximum for this time period or occurrence has been reached.			PRENATAL ASSMENT VSTS EXCDS 1 PR 10 MOS
119	Benefit maximum for this time period or occurrence has been reached.			PRENATAL VISIT EXCDS 3 PR 10 MONS
119	Benefit maximum for this time period or occurrence has been reached.			GLOBAL MTRNTY CRE 1 PR PRGNCY
119	Benefit maximum for this time period or occurrence has been reached.			HIGH RSK MATERNITY GLOBAL-1 PER PREGNCY
119	Benefit maximum for this time period or occurrence has been reached.			HGH RSK PREG CNSULT EXCDS 1 PR 10 MOS
119	Benefit maximum for this time period or occurrence has been reached.			HGH RSK PREG FLLW-UP EXCDS 2 PR 12 MOS
119	Benefit maximum for this time period or occurrence has been reached.			EXCEEDS 2 FOLLOW-UP PHONE CONTACTS SMKG
119	Benefit maximum for this time period or occurrence has been reached.			LMT PR CALENDAR YR EXCEEDED
119	Benefit maximum for this time period or occurrence has been reached.			HOSPICE UNITS EXCEED 5
119	Benefit maximum for this time period or occurrence has been reached.			ORIG LINE DENIED, EXCEEDS UNIT LIMIT
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	QUANTITY TOO SMALL/LARGE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M49	Missing/incomplete/invalid value code(s) or amount(s).	INVALID REFILL INDICATOR
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M53	Missing/incomplete/invalid days or units of service.	UNITS GREATER THAN DAYS OF SVC
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M53	Missing/incomplete/invalid days or units of service.	INVALID TOTAL DAYS
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M53	Missing/incomplete/invalid days or units of service.	SERVICE EXCEED ONE HUNDRED LINES FOR DOS
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M53	Missing/incomplete/invalid days or units of service.	MORE THAN ONE HUNDRED UNITS ON ONE LINE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M59	Missing/incomplete/invalid "to" date(s) of service.	INVALID LAST DATE OF SERVICE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA100	Missing/incomplete/invalid date of current illness or symptoms.	INVALID ONSET DATE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	FIRST DATE OF SVC AFTER LAST
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	INVALID ACTION DATE -LTC
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA32	Missing/incomplete/invalid number of covered days during the billing period.	TOTAL DAYS LT COVERED DAYS
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA32	Missing/incomplete/invalid number of covered days during the billing period.	INVALID TOTAL DAYS BILLED -LTC
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA33	Missing/incomplete/invalid noncovered days during the billing period.	INVALID HOSP LEAVE DAYS-LTC
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA43	Missing/incomplete/invalid patient status.	INVALID PATIENT STATUS
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N228	Incomplete/invalid consent form.	INV PA STERILE INTERP DATE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N293	Missing/incomplete/invalid service facility primary identifier.	VALID HOSPITAL PROVIDER NEEDED

125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N300	Missing/incomplete/invalid occurrence span date(s).	DTS OF SVC OVERLAP CALENDAR YR
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N300	Missing/incomplete/invalid occurrence span date(s).	INVLD/MSSNG ACTION REASON CODE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N379	Claim level information does not match line level information.	SUM OF ITEMS NOT EQUAL TOT CHG
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N379	Claim level information does not match line level information.	SUM OF ITEMS GT TOTAL CHARGE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N39	Procedure code is not compatible with tooth number/letter.	PROC INVALID FOR TOOTH# BILLED REPLACED
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N50	Missing/incomplete/invalid discharge information.	DISCH DATE MUST EQUAL LAST DATE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N58	Missing/incomplete/invalid patient liability amount.	INVALID OTHER INCOME AMT -LTC
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N61	Rebill services on separate claims.	INVALID LINE ITEM CODE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N75	Missing/incomplete/invalid tooth surface information.	RESVD CCE-SURFACE VALIDATION REPLACEMENT
129	Prior processing information appears incorrect.			REVERSAL ON REBILL FAILED,CLAIM REJECTED
133	The disposition of this claim/service is pending further review.	M62	Missing/incomplete/invalid treatment authorization code.	PRIOR AUTH STATUS IS PENDING FOR REVIEW
133	The disposition of this claim/service is pending further review.	M62	Missing/incomplete/invalid treatment authorization code.	INV PA STERILE MI/MR IND
133	The disposition of this claim/service is pending further review.	MA37	Missing/incomplete/invalid patient's address.	INVALID RECIPIENT COUNTY
133	The disposition of this claim/service is pending further review.	N434	Missing/incomplete/invalid Present on Admission indicator.	XOVER DX NOT PRESENT ON ADMISSION
133	The disposition of this claim/service is pending further review.	N45	Payment based on authorized amount.	PA APPROVED ZERO UNITS & AMT
133	The disposition of this claim/service is pending further review.			TOO MANY CLAIMS UB-25/OTHERS-45
133	The disposition of this claim/service is pending further review.			INVALID ADJUSTMENT REASON
133	The disposition of this claim/service is pending further review.			INVALID APPROVER OF FORCE/DENY
133	The disposition of this claim/service is pending further review.			RELEASE OF INFORMATION NOT SIGNED
133	The disposition of this claim/service is pending further review.			RECIPIENT TRANSFERED TO A H&CB
133	The disposition of this claim/service is pending further review.			RECIPIENT RECIEVED CASH SETTLEMENT
133	The disposition of this claim/service is pending further review.			RECIPIENT DENIED INAPP PLCMT
133	The disposition of this claim/service is pending further review.			RECIPIENT DENIED-PATIENT LEFT AMA
133	The disposition of this claim/service is pending further review.			RECIPIENT STATUS CHG-NO INSTUT.
133	The disposition of this claim/service is pending further review.			PATIENT TRANSFERED TO MEDICARE
133	The disposition of this claim/service is pending further review.			HOST PA/MC ERROR
133	The disposition of this claim/service is pending further review.			HOST ELIGIBILITY ERROR
133	The disposition of this claim/service is pending further review.			HOST DRUG FILE ERROR
133	The disposition of this claim/service is pending further review.			HOST PROVIDER FILE ERROR
133	The disposition of this claim/service is pending further review.			HOST DUPLICATE FILE ERROR
133	The disposition of this claim/service is pending further review.			HOST OTHER FILES ERROR
133	The disposition of this claim/service is pending further review.			CAPTURED - AWP/MAC CONFLICT
133	The disposition of this claim/service is pending further review.			CUSTODY MEDICAL CARE CLAIMS
133	The disposition of this claim/service is pending further review.			PRIOR AUTHORIZATION DUPLICATED
133	The disposition of this claim/service is pending further review.			PROC 1 GREATER THAN PROC 2
133	The disposition of this claim/service is pending further review.			ADJUSTMENT HAS AUTO DENIAL
133	The disposition of this claim/service is pending further review.			BUDGET FOR FUND TYPE EXCEEDED
133	The disposition of this claim/service is pending further review.			RECIP FUND TYPE INV FOR BUDGET
133	The disposition of this claim/service is pending further review.			INVALID GROSS ADJ FUND TYPE
133	The disposition of this claim/service is pending further review.			MISSING CASE # - FORCED ELIG
133	The disposition of this claim/service is pending further review.			MISSING DISTRICT CODE
133	The disposition of this claim/service is pending further review.			MISSING COUNTY CODE
133	The disposition of this claim/service is pending further review.			MISSING RACE CODE
133	The disposition of this claim/service is pending further review.			MISSING RECIPIENT AID TYPE
133	The disposition of this claim/service is pending further review.			GROSS INCOME EXCEEDS ALLOWED
133	The disposition of this claim/service is pending further review.			PHARMACY XOVER - PROVIDER NOT FOUND

133	The disposition of this claim/service is pending further review.			POS XOVER CLAIM M/I OTHER PAYER INFO
133	The disposition of this claim/service is pending further review.			PEDIATRIC - BELOW MINIMUM
133	The disposition of this claim/service is pending further review.			PEDIATRIC - ABOVE MINIMUM
133	The disposition of this claim/service is pending further review.			IATROGENIC-SIDE EFFECTS
133	The disposition of this claim/service is pending further review.			ADDITIVE-TOXICITY SIDE EFFECTS
133	The disposition of this claim/service is pending further review.			MCO DENIAL
133	The disposition of this claim/service is pending further review.			MMCS REJECTED CLAIM
133	The disposition of this claim/service is pending further review.			REJECTED ADJUSTMENTS
133	The disposition of this claim/service is pending further review.			INVALID FAMILY PLANNING CODE
133	The disposition of this claim/service is pending further review.			IHS SRVCS ARE LIMITED TO ONE AIR PER DAY
133	The disposition of this claim/service is pending further review.			INV ACCIDENT IND -INST CLAIM
133	The disposition of this claim/service is pending further review.			INVALID CHILD ABUSE INDICATOR
133	The disposition of this claim/service is pending further review.			ENTRY DATE ON P.A. NOT NUMERIC
133	The disposition of this claim/service is pending further review.			SVS FOR MANUAL CHIP ENROLLMENT
133	The disposition of this claim/service is pending further review.			CLERK IDENTIFICATION = ZERO
133	The disposition of this claim/service is pending further review.			INVALID PA ANESTH IND
133	The disposition of this claim/service is pending further review.			INV PA PROC-IN-OFFICE CODE
133	The disposition of this claim/service is pending further review.			INVALID PA REVIEWER SIGN DATE
133	The disposition of this claim/service is pending further review.			INV ACTION APPL IND -PREADMIT
133	The disposition of this claim/service is pending further review.			INV ACTION APPL DATE -PREADMIT
133	The disposition of this claim/service is pending further review.			INV APPROVED LOC -PREADMIT
133	The disposition of this claim/service is pending further review.			INV PER DIEM RATE -PREADMIT
133	The disposition of this claim/service is pending further review.			INV LTC DENY IND -PREADMIT
133	The disposition of this claim/service is pending further review.			INV DATE FOR ACTION -PREADMIT
133	The disposition of this claim/service is pending further review.			INV/MISSING REVIEW ID
133	The disposition of this claim/service is pending further review.			INV DATE OF SURGERY -PREADMIT
133	The disposition of this claim/service is pending further review.			TOO MANY EXCEPTIONS
133	The disposition of this claim/service is pending further review.			RECIPIENT DATA FILE ERROR
136	Failure to follow prior payer's coverage rules. (Use Group Code OA).			SERVICE NOT COVERED THRU CROSSOVERS
136	Failure to follow prior payer's coverage rules. (Use Group Code OA).			NOT COVERED THRU CROSSOVERS
140	Patient/Insured health identification number and name do not match.			CLAIM FOR NEWBORN MORE THAN 30 DAYS
140	Patient/Insured health identification number and name do not match.			BILL SVC UNDER BABYS OWN ID NO
140	Patient/Insured health identification number and name do not match.			BILL SVC UNDER MOTHERS ID NO
140	Patient/Insured health identification number and name do not match.			DATA ENTRY NAME/RECIPIENT NAME MISMATCH
141	Claim spans eligible and ineligible periods of coverage.			RECIP NOT ELIG ALL SERV DATES
141	Claim spans eligible and ineligible periods of coverage.			RECIP INELIGIBLE DATES OVERLAP
141	Claim spans eligible and ineligible periods of coverage.			RECIP NOT ELIG ON ALL SERV DTES
141	Claim spans eligible and ineligible periods of coverage.			ELIG DTS AND SPENDDOWN DTS OVERLAP
142	Monthly Medicaid patient liability amount.			SPDN-WAS UMAP-NOW MEDICAID
146	Diagnosis was invalid for the date(s) of service reported.	M76	Missing/incomplete/invalid diagnosis or condition.	MISSING DIAGNOSIS CODE
146	Diagnosis was invalid for the date(s) of service reported.	M76	Missing/incomplete/invalid diagnosis or condition.	ALL DX FOR LTC NOT ON FILE
146	Diagnosis was invalid for the date(s) of service reported.	MA63	Missing/incomplete/invalid principal diagnosis.	INVALID DRG PRINCIPAL DIAG CDE
146	Diagnosis was invalid for the date(s) of service reported.			DOS BEFORE DIAG IS EFFECTIVE
150	Payer deems the information submitted does not support this level of service.	N22	This procedure code was added/changed because it more accurately describes the services rendered.	ALTERNATE CODE REPLACEMENT
150	Payer deems the information submitted does not support this level of service.	N75	Missing/incomplete/invalid tooth surface information.	RESVD FOR CCE - SURF VALIDATION UPCODING
150	Payer deems the information submitted does not support this level of service.			MORE INTENSIVE CARE REQUIRED
150	Payer deems the information submitted does not support this level of service.			MEDICAL NEEDS SUPERSEDS NH
150	Payer deems the information submitted does not support this level of service.			PROV UNAUTH TO PROV LOC ON DOS
150	Payer deems the information submitted does not support this level of service.			PER DIEM/LOC CONFLICT
150	Payer deems the information submitted does not support this level of service.			CLM/SRV ADJ INFO DOESN'T SUP LEVEL/SRV
153	Payer deems the information submitted does not support this dosage.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	MISS/INVALID DRUG PACKAGE SIZE
165	Referral absent or exceeded.			NO CASE MNGT REFERRAL RECVD FOR DOS
165	Referral absent or exceeded.			NO LOCK-IN REFERRAL RECVD FOR DOS
167	This (these) diagnosis(es) is (are) not covered.	M64	Missing/incomplete/invalid other diagnosis.	SECONDARY DIAGNOSIS NOT COVERED
167	This (these) diagnosis(es) is (are) not covered.	M64	Missing/incomplete/invalid other diagnosis.	SECONDARY DX NOT COVERED 10A
167	This (these) diagnosis(es) is (are) not covered.	M76	Missing/incomplete/invalid diagnosis or condition.	ALL DX INVALID
167	This (these) diagnosis(es) is (are) not covered.	M76	Missing/incomplete/invalid diagnosis or condition.	INV LTC DIAGNOSIS CD -PREADMIT
167	This (these) diagnosis(es) is (are) not covered.	MA63	Missing/incomplete/invalid principal diagnosis.	PRIMARY DIAGNOSIS NEVER COVERED
167	This (these) diagnosis(es) is (are) not covered.	MA63	Missing/incomplete/invalid principal diagnosis.	PRIMARY DX NOT COVERED 10A
167	This (these) diagnosis(es) is (are) not covered.			THIRD DIAGNOSIS NOT COVERED
167	This (these) diagnosis(es) is (are) not covered.			FOURTH DIAGNOSIS NOT COVERED
167	This (these) diagnosis(es) is (are) not covered.			FIFTH DX NOT COVERED

171	Payment is denied when performed/billed by this type of provider in this type of facility.			LAB CODES PAY TO PATHOLOGISTS
175	Prescription is incomplete.	N378	Missing/incomplete/invalid prescription quantity.	PARTIAL FILL, SUBMIT WHEN COMPLETED
175	Prescription is incomplete.			M/I PRESCRIPTION/SVC REF NUMBR QUALIFIER
175	Prescription is incomplete.			M/I COMPOUND SEGMENT
177	Patient has not met the required eligibility requirements.	N30	Patient ineligible for this service.	ADMIT NOT EMERGENCY
177	Patient has not met the required eligibility requirements.	N330	Missing/incomplete/invalid patient death date.	PATIENT EXPIRED WHILE ON MEDICARE
177	Patient has not met the required eligibility requirements.	N43	Bed hold or leave days exceeded.	PATIENT ON LOA/EXTENDED LEAVE
178	Patient has not met the required spend down requirements.			SPENDDOWN-POSSIBLE MATCH
181	Procedure code was invalid on the date of service.	M50	Missing/incomplete/invalid revenue code(s).	DOS BEFORE REV CODE EFFECTIVE
181	Procedure code was invalid on the date of service.	M51	Missing/incomplete/invalid procedure code(s).	PROV. OR REF. FILE DATA INCOMPLETE
181	Procedure code was invalid on the date of service.	M51	Missing/incomplete/invalid procedure code(s).	PROCEDURE CODE NOT FOUND
181	Procedure code was invalid on the date of service.	M51	Missing/incomplete/invalid procedure code(s).	INVALID PROCEDURE CODE
181	Procedure code was invalid on the date of service.			PROC CODE NOT COVERED ON DOS
181	Procedure code was invalid on the date of service.			DOS BEFORE SURG IS EFFECTIVE
182	Procedure modifier was invalid on the date of service.			DISCONTINUED MODIFIER
182	Procedure modifier was invalid on the date of service.			MODIFIER NON-COVERED BY MEDICAID
183	The referring provider is not eligible to refer the service billed.			PROV TYPE INVLD TO REFER
184	The prescribing/ordering provider is not eligible to prescribe/order the service billed.			LOCK-IN CLIENT PRESCRIBER NOT AUTHORIZED
184	The prescribing/ordering provider is not eligible to prescribe/order the service billed.			LOCK-IN EMERGENCY SUPPLY EXCEEDS 3 DAYS
186	Level of care change adjustment.	N188	The approved level of care does not match the procedure code submitted.	INVALID LOC CHANGE DAYS
186	Level of care change adjustment.			OVERLAPPING DOS-TAD
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	MISSING PRIOR AUTH NUMBER
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	PSYC SVC REQ PA (IP)
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	SURGICAL PROCEDURE REQUIRES PA
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	PROC CD HAS DOLLAR LIMIT-REQ PA
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	NON-EMER -TRANS NOT AUTHORIZED
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	NO MEDICAID PRIOR AUTHORIZATION
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	NO MEDICAID PRIOR AUTHORIZATION
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	DRG REQUIRES PA
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	NEEDS MI-706
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	PROC NEEDS PA WHEN DONE INPAT
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	ABORTION RELATED SVS REQUIRE PA
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	PSYC SRVCS NOT APPROVED
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	DIAG/CLAIM NE DAIG/PA
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	PSYC DIAG MUST USE PSYC PROCS
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	CLAIM NEEDS PA NUMBER PHARMACY
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	INV PA PROC-IN-OFFICE CODE
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	LINE ADDED REQUIRE A PA,ORIG CODE DIDN'T
197	Precertification/authorization/notification absent.	N3	Missing consent form.	REQ PA W/STERL CONSENT DT
197	Precertification/authorization/notification absent.	N3	Missing consent form.	REQ PA W/ABORT CONSENT DT
197	Precertification/authorization/notification absent.	N3	Missing consent form.	REQ PA & HOSP CONSENT DT
197	Precertification/authorization/notification absent.	N362	The number of days or Units of Service exceeds our acceptable maximum.	EXCEEDS 156/MONTH SUPPLY LIMIT
197	Precertification/authorization/notification absent.			DRUG REQUIRES PRIOR AUTH
197	Precertification/authorization/notification absent.			MISSING MI706-FOR UMAP
197	Precertification/authorization/notification absent.			CLAIM CAPTURED WAITING FOR P.A. APPROVAL
198	Precertification/authorization exceeded.	N362	The number of days or Units of Service exceeds our acceptable maximum.	PROC REQS PA OR UNIT LIMIT
198	Precertification/authorization exceeded.	N362	The number of days or Units of Service exceeds our acceptable maximum.	ALL PRIOR AUTH UNITS/AMT USED
198	Precertification/authorization exceeded.	N362	The number of days or Units of Service exceeds our acceptable maximum.	CLM UNITS EXCEED UNITS AUTHED
198	Precertification/authorization exceeded.	N43	Bed hold or leave days exceeded.	HOSPITAL LEAVE DAYS EXCEED 3
198	Precertification/authorization exceeded.			ADJUSTMENT FOR UMAP CLIENT
198	Precertification/authorization exceeded.			HOSP INPT/OUPT UNITS USED
198	Precertification/authorization exceeded.			PA UNITS FOR PSYC SRVCS USED
198	Precertification/authorization exceeded.			USED PA UNITS
203	Discontinued or reduced service.	N56	Procedure code billed is not correct/valid for the services billed or the date of service billed.	DISCONTINUED PROCEDURE CODE
204	This service/equipment/drug is not covered under the patient's current benefit plan.	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	DRUG CODE NOT ON INDEX
204	This service/equipment/drug is not covered under the patient's current benefit plan.	N129	Not eligible due to the patient's age.	INVALID AGE FOR DENTAL PROCEDURE
204	This service/equipment/drug is not covered under the patient's current benefit plan.			NON-COVERED DRUG

211	National Drug Codes (NDC) not eligible for rebate, are not covered.	M115	This item is denied when provided to this patient by a non-contract or non-demonstration supplier.	NON-CONTRACTING DRUG MFG
226	Information requested from the Billing/Rendering Provider was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N301	Missing/incomplete/invalid procedure date(s).	SERVICE-PREADMIT DATE CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M77	Missing/incomplete/invalid place of service.	INVALID PLACE OF SERVICE
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA101	A Skilled Nursing Facility (SNF) is responsible for payment of outside providers who furnish these services/supplies to residents.	MED SUP/PHAR CONFLICT W/NH PAY
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA133	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.	DOS OVRLP HOSP CLAIM
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA133	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.	XOVER CLM INPT/OUTPT OVRLP
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA133	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.	INPT/OUTPT CLMS OVERLAP DOS
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	FIRST DATE OF SERVICE GT LAST
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA32	Missing/incomplete/invalid number of covered days during the billing period.	INVALID TOTAL DAYS
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA40	Missing/incomplete/invalid admission date.	ADMIT DATE AFTER FIRST DATE SV
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA41	Missing/incomplete/invalid admission type.	INVALID TYPE OF ADMISSION
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA42	Missing/incomplete/invalid admission source.	INVALID TYPE OF ADMISSION
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA43	Missing/incomplete/invalid patient status.	INVALID PATIENT STATUS
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N10	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	RVW CLMS/PROV
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N10	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	REVIEW ALL CLAIMS WITH THIS PROCEDURE
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N10	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	MULT MODIFIERS-MANUAL REVIEW
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N109	This claim/service was chosen for complex review and was denied after reviewing the medical records.	REVIEW ALL CLAIMS FOR RECIPIENT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N198	Rendering provider must be affiliated with the pay-to provider.	SERV PROV UNAFFIL W/GRP PRACT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	PRSNL CR HM-HLTH CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	SKILLED NURSING/HH AID CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	HH/NURSE VISIT CONFLICT

A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	NURSING/HH AIDE CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	NURSING/HH AIDE CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	NURSING/HH AIDE CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	ATTENDANCE/RESUSCITATION BILLED SAME DAY
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	HCBS CONFL WTH TCM OR ICF/MR DY TRMT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N30	Patient ineligible for this service.	P.E. DOESN'T COVER NH OR HOSP
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N30	Patient ineligible for this service.	CLIENT / DRUG COMBINATION NOT COVERED
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N305	Missing/incomplete/invalid accident date.	ACCIDENT DATE GT LAST SVC DATE
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N31	Missing/incomplete/invalid prescribing/referring/attending provider license number.	INVALID REFERRING LIC NO
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N329	Missing/incomplete/invalid patient birth date.	INVALID DATE OF BIRTH
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N34	Incorrect claim form/format for this service.	SERVICE BILLED USING WRONG CLAIM FORM
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N34	Incorrect claim form/format for this service.	HCFA INVALID FOR OUTPATIENT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N34	Incorrect claim form/format for this service.	INVALID MCAID CLAIM TYPE
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N39	Procedure code is not compatible with tooth number/letter.	INVALID TOOTH NUMBER
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N39	Procedure code is not compatible with tooth number/letter.	PROC CODE/TOOTH # CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N47	Claim conflicts with another inpatient stay.	OT DOS CONF INPT/NH SVS
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N47	Claim conflicts with another inpatient stay.	SA DOS CONF W-INPT/NH
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N47	Claim conflicts with another inpatient stay.	TCM OVERLAPS HOSP/NH
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N47	Claim conflicts with another inpatient stay.	MEDICAL CLAIM/INST CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N47	Claim conflicts with another inpatient stay.	INPT CLM PD FOR DOS
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N47	Claim conflicts with another inpatient stay.	HCBS/INPT/NH CONFLICT

A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N47	Claim conflicts with another inpatient stay.	PRSNL CRE OR TCM CONF MEDCRE NH/INPT PMT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N50	Missing/incomplete/invalid discharge information.	INVALID DISCHARGE HOUR
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N50	Missing/incomplete/invalid discharge information.	INV DISCHARGE STATUS FOR DRG
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N61	Rebill services on separate claims.	COMPOUND DRUG BILLED INCORRECTLY
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N61	Rebill services on separate claims.	DIFFERENT PROV TYPES ON CLAIM
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N61	Rebill services on separate claims.	COS CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N63	Rebill services on separate claim lines.	OVERLAPPING DATE OF SERVICE
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N63	Rebill services on separate claim lines.	FROM - TO DATES MUST BE SAME
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N79	Service billed is not compatible with patient location information.	DELIVERY FEE FOR DRUG-RURAL CLIENT ONLY
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N81	Procedure billed is not compatible with tooth surface code.	INVALID TOOTH SURFACE
A8	Ungroupable DRG			INVALID AGE FOR DRG
A8	Ungroupable DRG			INVALID SEX FOR DRG
A8	Ungroupable DRG			UNABLE TO CALCULATE DRG
A8	Ungroupable DRG			UNABLE TO CALCULATE DRG
A8	Ungroupable DRG			DRG NOT ON FILE
A8	Ungroupable DRG			INVALID ACCOMODATION FOR DRG
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	MA133	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.	SAME/OVRLP DOS PAID CLAIM INPT
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	POSSIBLE DUPLICATE CLAIM
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	POS DUP/CONF - MAN PROC
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	N522	Duplicate of a claim processed, or to be processed, as a crossover claim.	MEDICARE/MEDICAID POSSIBLE DUP
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	N522	Duplicate of a claim processed, or to be processed, as a crossover claim.	MDCARE/MDCAID POSSIBLE CONFLCT
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.			ICF POSSIBLE DUPLICATE
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.			POSSIBLE CLAIM CONFLICT
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.			GLOBAL/OTHER DELVRY CONFLICT
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.			TWO GLOBAL - SAME CYCLE
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.			CONFLICT - ANTEPARTUM
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.			2 POSTPARTUM CLAIMS
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.			LONG ACTING NARCOTIC PAID WITHIN 30 DAYS
B14	Only one visit or consultation per physician per day is covered.	M86	Service denied because payment already made for same/similar procedure within set time frame.	1 PED. CRITICAL CARE PHYS E&M PER DAY
B14	Only one visit or consultation per physician per day is covered.			1 NEONATAL PHYSICIAN VISIT PER DAY LIMIT
B14	Only one visit or consultation per physician per day is covered.			1 PHYSICIAN VISIT PER DAY LIMIT

B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	REBUNDLED SERVICE NOT PAID SEPARATELY
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	REBUNDLED PROCEDURE DUE TO HISTORY CLAIM
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	REBUNDLED DENTAL SERVICE NOT PD SEPARATE
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	REBUNDLE DNTL SRV NOT PD SEPARATE HX CLM
B16	'New Patient' qualifications were not met.	M13	Only one initial visit is covered per specialty per medical group.	NOT NEW PT FR NH CUSTODIAL CRE SERV'S
B16	'New Patient' qualifications were not met.	M13	Only one initial visit is covered per specialty per medical group.	NT NEW PT FR LONG TERM CARE
B16	'New Patient' qualifications were not met.	M13	Only one initial visit is covered per specialty per medical group.	COG SERV-3 YRS-NOT NEW PT
B16	'New Patient' qualifications were not met.	M13	Only one initial visit is covered per specialty per medical group.	NOT NEW PATIENT/SAME SPECIALTY IN GROUP
B16	'New Patient' qualifications were not met.	M13	Only one initial visit is covered per specialty per medical group.	NOT A NEW PATIENT
B20	Procedure/service was partially or fully furnished by another provider.	M86	Service denied because payment already made for same/similar procedure within set time frame.	WEBER DENTAL CONFLICT
B20	Procedure/service was partially or fully furnished by another provider.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	POSSIBLE DUPLICATE SVR BY MULTI PROV'S
B22	This payment is adjusted based on the diagnosis.			E&M HIGHER INTENSITY THAN EXPCTD PER DX
B5	Coverage/program guidelines were not met or were exceeded.			NH DIDN'T FOLLOW PREADMIS. REQ
B5	Coverage/program guidelines were not met or were exceeded.			REFILL TOO SOON
B5	Coverage/program guidelines were not met or were exceeded.			EARLY REFILL DIFFERENT PHARMACY
B5	Coverage/program guidelines were not met or were exceeded.			CUMULATIVE-EXCESSIVE USE
B5	Coverage/program guidelines were not met or were exceeded.			INVALID METRIC QUANTITY
B5	Coverage/program guidelines were not met or were exceeded.			CANNOT BILL INTERIM
B5	Coverage/program guidelines were not met or were exceeded.			SAME DAY SRV BILL OUTPT
B5	Coverage/program guidelines were not met or were exceeded.			ONE DAY STAY-BILL AS OUTPTIENT
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			PROVIDER NOT ENROLLED ON DOS
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			PROV NUMBER/SERVICE CONFLICT
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			NOT ENROLLED FOR COS ON SVC DT
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			PROVIDER ENRLMNT DISCONTINUED
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			PROVIDER INELIGIBLE ON DOS
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			PROV SUSPENDED FROM T-19 ELIG
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			ENROLLMENT RECORD DELETED
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			LAB NOT ELIG TO PROVIDE SVC
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			NH CAN'T ADMIT-UNDER SANCTION
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			NH DOESN'T HAVE AVAILABLE BED
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			FACILITY DIDN'T MEET PATIENT NEED
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			REVIEW OUT OF STATE PROVIDER
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			PROV ENROLLMENT RESTRICTION
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			CLIA CERT# SANCTIONED FOR THIS PROCEDURE
B8	Alternative services were available, and should have been utilized.	N188	The approved level of care does not match the procedure code submitted.	USE LOWER COST ALTERNATIVE
B9	Patient is enrolled in a Hospice.			HOSPICE TO INPATIENT
B9	Patient is enrolled in a Hospice.			HOSP/NH CONFLICT TO HOSPICE